

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-975)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		5				
3		5				
4		5				
5		5				
6		5				
7		5				
8		5				
9		5				
10		5				
11		2				
12		1				
13		1				
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97						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	* AMEND A *		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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56						
57						
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83						
84						
85						
86	1					
87		1				
88	1					
89		3				
90	1					
91		1				
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	4					
TOTAL DEP.		37				
TOTAL CLAIMS	4	41				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS